



# CITY OF READING

**EMPLOYMENT APPLICATION  
DEPARTMENT OF HUMAN RESOURCES  
815 WASHINGTON STREET  
READING PA 19601  
610/655-6012**

PLEASE PRINT IN INK OR TYPE (If you need additional space or wish to make remarks, please continue on a separate sheet of paper.)

Last Name		First Name		Initial	Today's Date
APPLICATION MAY REMAIN CURRENT FOR SIX MONTHS					
Address - No. and Street		City	State	Zip	E-mail address
Telephone Numbers		Home _____ Work _____ Cell _____		Type of Work Desired	
May we contact your place of employment? <input type="checkbox"/> yes <input type="checkbox"/> no		Are you a U.S. Worker, or able to produce documentation authorizing your employment in the U.S. without restriction? <input type="checkbox"/> yes <input type="checkbox"/> no			
If you are under 18 years of age, please indicate your birth date:					
Have you ever been employed here before? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please fill out below.					
Dates		Department		Name of Supervisor	
From	To				
Have you ever been convicted of any criminal offense other than minor traffic violations? <input type="checkbox"/> yes <input type="checkbox"/> no If yes*, please explain:					
*Note: A conviction will not necessarily bar you from employment. Each conviction is judged on its own merits with respect to time, circumstances and seriousness.					

## EDUCATION AND TRAINING

School	Name	City	State	Dates Attended	Graduated (yes/no)	Diploma or Degree Received	Course or Major Area of Study
High School							
College or University (undergraduate)							
College or University (graduate)							
Vocational, Technical, Industrial							
Other (e.g., business school, nursing school, military training, etc.)							

List trade or professional organizations of which you are a member, including office held, if applicable, and professional licenses and certifications you consider significant. Note Commercial Drivers License (list endorsements.) List specialized training, if appropriate, e.g., computer hardware and software knowledge, typing, shorthand or office machines (including years of study), apprenticeships, or other skills.

Driver's license information:			
State of Issue:	Number:	Class:	

**AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER**

## EMPLOYMENT RECORD

<b>PRESENT OR LAST EMPLOYER</b>	Name of Employer	Current or Final Salary/Wage
	Address	Dates Employed      From      To
	Kind of Business	
	Describe your duties	
	Name and job title of supervisor	Your reason for leaving
	May we contact your present supervisor? <input type="checkbox"/> yes <input type="checkbox"/> no	
<b>NEXT PREVIOUS EMPLOYER</b>	Name of Employer	Current or Final Salary/Wage
	Address	Dates Employed      From      To
	Kind of Business	
	Describe your duties	
	Name and job title of supervisor	Your reason for leaving
<b>NEXT PREVIOUS EMPLOYER</b>	Name of Employer	Current or Final Salary/Wage
	Address	Dates Employed      From      To
	Kind of Business	
	Describe your duties	
	Name and job title of supervisor	Your reason for leaving
<b>LONGEST EMPLOYER IF NOT LISTED ABOVE</b>	Name of Employer	Current or Final Salary/Wage
	Address	Dates Employed      From      To
	Kind of Business	
	Describe your duties	
	Name and job title of supervisor	Your reason for leaving

### U.S. MILITARY SERVICE

Branch	Dates of Service	From	To	Present or Last Rank
Job Title	From	To	Job duties performed	

\*I authorize investigation of all statements contained within this application. I understand that misrepresentation or omission of facts on this application is cause for removal of application from further consideration, or if employed, dismissal.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE